



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800001

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HCC ORCHARDS L.P.

DOING BUSINESS AS THE ORCHARDS

ADDRESS 206 ADAMS ROAD

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: SCOTT, CHARLES TYPE OF LICENSE: Innholder  
W.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST. FLOOR, RESTAURANT, LOUNGE, PATIO, STOREROOMS, OFFICES: 2ND FLOOR,  
BANQUET ROOMS. 49 GUEST ROOM HOTEL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐  
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800002

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WAUBEEKA GOLF LINKS LLC

DOING BUSINESS AS WAUBEEKA GOLF LINKS

ADDRESS 137 NEW ASHFORD RD

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: MILLS, MARK J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, FIVE ROOMS UPPER AND TWO ROOMS LOWER. PICNIC PAVILLION LOCATED APPROX 240 FT WEST OF THE CLUBHOUSE. FENCED IN AREA DIRECTLY BEHIND EXISTING CLUBHOUSE RESTAURANT. SERVICE OF ALCOHOLIC BEVERAGES IN FENCED IN AREA BEHIND CLUBHOUSE RESTAURANT

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800018

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMESARI CORPORATION

DOING BUSINESS AS COZY CORNER RESTAURANT

ADDRESS 850 SIMONDS RD.

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: Alimonos, Rebecca

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, DINING ROOM, TAP ROOM, KITCHEN, CELLAR FOR STORAGE

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800021

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RICHARD RUETHER POST 152, AM. LEGION CLUB

DOING BUSINESS A

ADDRESS 117 LATHAM STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: Hamel, Kevin P

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. ENTRANCE, EXIT SOUTH SIDE, NORTH SIDE AND WESTSIDE. MAIN BAR ON FIRST FLOOR, SERVICE BAR ON SECOND FLOOR.

I hereby certify and swear under penalties of perjury that:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800025

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE SPIRIT SHOP INC.

DOING BUSINESS AS

ADDRESS 280 COLE AVE

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: BAKER, TRACY E. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800028

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST PACKAGE STORE, INC.

DOING BUSINESS AS WEST'S WINE & SPIRITS

ADDRESS 52 SPRING ST

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: WEST, ROBERT A. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, STORE AND FRONT DOOR; TWO ROOMS. ONE ROOM, SECOND FLOOR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800029

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE PRESIDENT & TRUSTEES OF WILLIAMS COLLEGE

DOING BUSINESS AS

ADDRESS MAIN & PARK STREETS

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: VOLPI, ROBERT P. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800031

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TACONIC WILLIAMSTOWN CORPORATION

DOING BUSINESS AS THE WILLIAMS INN

ADDRESS 1090 MAIN & NORTH STREETS

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: FAULKNER, CARL TYPE OF LICENSE: Innholder  
J.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

128 BEDRMS, COCKTAIL LOUNG DINING RMS KITCHEN, 4 LIVI NG RMS, INDR POOL,  
OUTDOOR PATIO UNDER MAIN ROOF AND STORAGE RMS.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800040

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R.M.R. ENTERPRISES, INC.

DOING BUSINESS AS DESPERADOS

ADDRESS 246 MAIN STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01560

MANAGER: ATWELL, DAVID TYPE OF LICENSE: Restaurant  
C.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG.

I hereby certify and swear under penalties of perjury that:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800041

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DANIEL H. CAMPBELL

DOING BUSINESS AS HOBSON'S CHOICE

ADDRESS 159 WATER STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT, BAR AND KITCHEN IN FIRST FLOOR; OFFICE AND STORAGE, SECOND FLOOR; FRONT ENTRANCE; EXIT REAR DOOR.

I hereby certify and swear under penalties of perjury that:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800043

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WATER STREET VENTURES, INC.

DOING BUSINESS AS WATER STREET GRILL

ADDRESS 123 WATER STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: REINHARD, ERIC TYPE OF LICENSE: Restaurant  
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE NORTH SIDE; EXIT SOUTH SIDE; ONE FLOOR, FOUR ROOMS; BASEMENT FOR  
STORAGE. OUTSIDE DECK. ENCLOSED OFF SOUTH END OF BUILDING OFF TAVERN  
AREA. SIX TABLES 24 CHAIRS NO  
MUSIC.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800048

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WALDEN CULINARY, LLC

DOING BUSINESS AS RED HERRING

ADDRESS 046A SPRING STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: SMITH, EDWARD TYPE OF LICENSE: Restaurant F.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR, SIDE ENT AND COMMON ENT. 2ND FLR; FOR STORAGE AND SMOKE FREE DINING AND SERVICE. OUTDOOR SERVICE CONSISTS OF FIVE TABLES 1ST AND 2ND FLRS MUST BE CONNECTED BY INTERIOR STAIRWAY. EMPLOYEES MUST BE PRESENT AT ALL TIMES FOR OUTSIDE SERVICE OF AB. OUTSIDE SERVICE CEASES CLOSE.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800049

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAPPY STAR, INC

DOING BUSINESS AS CHOPSTICKS

ADDRESS 412 MAIN ST

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: Rosasco, Pamela J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY COMMERCIAL BLDG WITH THREE EXITS AND ENTRANCES, DINING ROOM  
AND BAR. FIRST FLOOR; KITCHEN AND STORAGE ON GROUND LEVEL

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800053

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CONSTANTINE ANAGNOS

DOING BUSINESS A COLONIAL PIZZA

ADDRESS 234 MAIN STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

two front doors and one back door, two dining rooms

I hereby certify and swear under penalties of perjury that:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800055

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEZZE,INC.

DOING BUSINESS AS MEZZE BISTRO & BAR

ADDRESS 777 COLD SPRING ROAD

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: THOMAS , NANCY TYPE OF LICENSE: Restaurant  
C.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RECEPTION ROOM, ONE STORAGE ROOM, KITCHEN, ENTRANCE AND EXIT ON TOUTE  
2...THREE DINING ROOMS, COCKTAIL LOUNGE...PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800057

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAEWA,INC.

DOING BUSINESS A THAI GARDEN

ADDRESS 27 SPRING STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: TONGTAWEE,  
SORASAK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1850 square feet. Entrance and exit front and rear of building

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800060

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SPICE ROOT, INC.

DOING BUSINESS AS SPICE ROOT

ADDRESS 23 SPRING STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: NARULA, TARUN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1900 SQFT FRONT ON SPRING STREET EXIT TO REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐  
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800064

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LMKM

DOING BUSINESS A MOONLIGHT DINER & GRILLE

ADDRESS 408 MAIN STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: AMEEN,KASSIM  
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE NORTHEAST SIDE OF BLDG. BAR LOCATED NORTHEAST SIDE OF MAIN  
DINING AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐  
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800065

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RICHMORE,INC.

DOING BUSINESS A THE'PUB' @ THE 1896 HOUSE

ADDRESS 866 COLD SPRING ROAD

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: MORRELLE,  
SUZANNE T.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH DINING ROOM BAR & LOBBY, WITH FOUR EXITS. TWO MOTELS & SIX SUITES. CONSISTING OF 36 TOTAL GUEST ROOMS. PATIO WITH OUTSIDE SERVICE ON TERRACE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800066

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ECUSAL, INC

DOING BUSINESS AS COYOTE FLACO

ADDRESS 505 COLD SPRING RD

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: LOPEZ, GALO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

ONE STORY WOOD FRAME BLDG WITH FIVE ROOMS AND NO CELLAR. ENTRANCE/EXITS ON NORTH, SOUTH AND WEST SIDES. EMERGENCY EXIT FROM DINING ROOM. OUTSIDE DINING, 3 TABLES, 10 CHAIRS TO BE LOCATED DIRECTLY AGAINST THE BAR EXTERIOR WALL ON NORTH SIDE OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800068

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: President and Trustees of Williams College

DOING BUSINESS AS 82 GRILL

ADDRESS 39 Chapin Hall Drive

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: Volpi, Robert P.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

lower level of student center with elevator entrance exit and 4 stairwell entrances

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800071

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILD OATS COOPERATIVE INC.

DOING BUSINESS AS

ADDRESS 320 MAIN STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: DURFEE, DAVID

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STAND ALONE BUILDING RETAIL GROCERY FOOD STORE...ENTRANCE ON SOUTH SIDE  
OF BUILDING, FIRE, AND LOADING ENTRANCE EXITS ON NORTH, WEST, AND EAST OD  
BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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Boston, MA 02114  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800072

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERKSHIRE RESTAURANT GROUP LLC

DOING BUSINESS AS PURPLE PUB AND SPRING STREET PIZZERIA

ADDRESS 61-65 SPRING STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: Segal, Bryan

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

SUITE 103 AND THE PUB...SUITE CONTIGIOUS UNITS AT 61-65 SPRING STREET,  
COMPRISING APPROX. 3900 SQ. FT. WITH ENTRANCE AT THE COMMON PASSAGEWAY  
SERVING THE BUILDING AND KNOWN AS THE PUB AND STE. 103, INCLUDING BASEMENT  
STORAGE UNITS FOR STE 103 AND FOR THE PUB, AND OUTDOOR DINING AREA  
ASSOCIATED HERewith

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
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*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800073

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANCY NGUYEN

DOING BUSINESS AS SAIGON VIETNAMESE CUISINE

ADDRESS 66 SPRING STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: NGUYEN, NANCY TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR..APPROX. 1080 SQ FT...ENTRANCES/EXITS IN FRONT AND REAR OF  
BUILDING...STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800074

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOPS AND VINES MA, LLC

DOING BUSINESS AS HOPS AND VINES MA

ADDRESS 16 WATER STREET

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: RUBENSTEIN, GIL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO SEATING AREAS ON THE FIRST FLOOR OF BUILDING AT 16 WATER STREET...PLUS  
ADJACENT OUTDOOR SPACES AS DESCRIBED IN THE FLOOR PLANS ...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800075

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLYMPIC PIZZA FAMILY RESTAURANT LLC

DOING BUSINESS AS OLYMPIC PIZZA FAMILY RESTAURANT

ADDRESS 460 MAIN ST

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: GIANNARIS,  
MARY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, THREE EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800076

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERKSHIRE FIVE CORNERS, INC

DOING BUSINESS AS THE STORE AT FIVE CORNERS

ADDRESS 6 NEW ASHFORD ROAD

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: HASSETT, RYAN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR STORE, ENTRANCE IN FRONT BUILDING AND TWO REAR EXIT. APPROX. 2944  
SQ.FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 147800077

CITY OR TOWN WILLIAMSTOWN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TJ WARREN INC.

DOING BUSINESS A

ADDRESS 824 SIMONDS ROAD

CITY/TOWN: WILLIAMSTOWN

STATE: MA

ZIP CODE: 01267

MANAGER: WARREN, JOHN F. TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1000 SQ FT CONVENIENCE STORE..ONE ENTRANCE, CINDER BLOCK  
CONSTRUCTION..LARGE WALK IN COOLER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)